

THE  
**LOUISVILLE MEDICAL NEWS:**

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

RICHARD O. COWLING, A. M., M. D.

PROFESSOR OF SURGICAL PATHOLOGY AND OPERATIVE SURGERY IN THE UNIVERSITY OF LOUISVILLE.

AND

WILLIAM H. GALT, M. D.

Issued Every Saturday.—Terms, \$3.00 a Year in Advance, Postage Paid.

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# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. III.

LOUISVILLE, JUNE 9, 1877.

No. 23.

## THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

The Provisional Association of the American Medical Colleges met in Chicago on Saturday, June 2d, pursuant to the call of its president. On Monday, June 4th, it adjourned *sine die*, and a permanent organization, known as the American Medical College Association, entered upon its career. The colleges present, through their delegates, twenty-three in number, signed the Constitution, By-laws, and Articles of Confederation. Prof. Biddle, of the Jefferson, was made president of the association, Prof. N. S. Davis, of Chicago, vice-president, and Prof. Connor, of Chicago, was made secretary and treasurer.

The friends of reform must be rejoiced at the accomplishment of the good work done in the formation of the association. The following are the articles of confederation agreed upon:

### ARTICLES OF CONFEDERATION.

(To be subscribed and conformed to by all the Colleges of the Association.)

#### ARTICLE I. OF THE FACULTY.

The medical members of the faculty must be *regular* graduates or licentiates and practitioners of medicine, in good standing, using the word "regular" in the sense commonly understood in the medical profession.

#### ARTICLE II. OF TUITION.

Sec. 1. The scheme of tuition shall provide for a yearly systematic course of instruction covering the general topics of Anatomy, including dissections, Physiology, Chemistry, Materia Medica, and Therapeutics, Obstetrics, Surgery, Pathology, and Practice of Medicine. The collegiate session, wherein this course is given, shall be understood as the "regular" session.

Sec. 2. Said regular session shall not be less

than twenty weeks in duration. This section to go in force at and after the session of 1879-80.

Sec. 3. Not more than one regular session, counting the regular session as one of the two courses of instruction required for graduation, shall be held in the same year.

#### ARTICLE III. REQUIREMENTS FOR GRADUATION.

No person, whether a graduate in medicine or not, shall be given a diploma of "Doctor of Medicine" who shall not have fulfilled the following requirements, *except* as hereinafter provided for in Article IV:

1. He must produce satisfactory evidence of good moral character, and of having attained the age of twenty-one years.

2. He must file a satisfactory certificate of having studied medicine for at least three years under a *regular* graduate, or licentiate and practitioner of medicine, in good standing, using the word "regular" in the sense commonly understood in the medical profession. No candidate shall be eligible for final examination for graduation unless his term of three years' study shall have been completed, or shall expire at a date not later than three months after the close of the final examinations. This section to take effect at and after the session of 1879-80.

3. He must file the proper official evidence that, during the above-mentioned three years, he has matriculated at some affiliated college, or colleges, for two regular sessions, and in the course of the same (except as provided in 4,) has attended two full courses of instruction on the seven topics mentioned in Article II. But the *latter*, at least, of the two full courses must have been attended at the college issuing the diploma. No two consecutive courses of instruction shall be held as satisfying the above requirements unless the time between the beginning of the first course and the end of the second is greater than fifteen months.

4. In case a college shall adopt a systematic graduated scheme of tuition, attendance on the whole of the same shall be equivalent to the requirements mentioned in 3, *provided* such scheme includes instruction in the seven topics mentioned in Article II, and requires attendance at least at two yearly regular collegiate sessions of not less than twenty weeks' duration each.

5. The candidate must have passed a personal examination before the faculty on all seven of the branches of medicine mentioned in Article II.

6. He must have paid in full all college dues, including the graduation fee.

#### ARTICLE IV. OF HONORARY DEGREES.

An honorary degree of "Doctor in Medicine" may be granted, in numbers not exceeding one yearly, to distinguished physicians or scientific men of over forty years of age. But in such case the diploma shall bear across its face the word "Honorary" in conspicuous characters, and the same word shall always be appended to the name of the recipient in all lists of graduates.

#### ARTICLE V. OF FEES.

Sec. 1. All fees shall be paid in lawful money, and no promissory notes or promises to pay shall be accepted in lieu of cash for payment of fees.

Sec. 2. No ticket or other certificate of attendance upon college exercises shall be issued to any student until the dues for the same shall have been fully paid.

Sec. 3. The established fees for the exercises of the regular session—except the matriculation fee, graduation fee, fee for dissections—may be reduced not more than one half to graduates of other affiliated colleges of less than three years' standing, and to undergraduates of the same who have already attended two full courses of the instruction of the regular session.

Sec. 4. The same fees may be remitted altogether to a college's own alumni, to graduates of other affiliated colleges of three years' standing (the three years dating from the time of graduation, and ending at the close of the regular session for which the tickets are given), to undergraduates who have already attended two full courses of the instruction of the regular session, the latter of which at least shall have been in the college making the remission, and to theological students, when not candidates for a diploma.

Sec. 5. The same fees may be reduced or remitted to deserving, indigent students, to a number not exceeding *five* per cent of the number of matriculates at the previous regular session of the college.

Sec. 6. Under no circumstances whatever other than the above shall the faculties, or any members of the same, grant *upon their own authority* any remissions or reductions of established fees. And it is distinctly understood and agreed that the faculties will discountenance and oppose the authorizing by governing boards of the admission of individual students on other than the regularly established charges for their grade.

Sec. 7. Remission or reduction of fees for other exercises than those of the regular session, return to a student of any moneys after payment of fees, or an appropriation of funds of the college for payment of

any student's fees, or part thereof, shall be deemed violation of the provisions of this article in regard to remission or reduction of fees.

#### ARTICLE VI. OF RECOGNITION OF OTHER COLLEGES.

No college shall admit to the privileges accorded in Articles III and V the students or graduates of any college which, during any period of the student's or graduate's pupilage, shall have been excluded from the list of affiliated colleges recognized by the Association.

#### ARTICLE VII. AMENDMENTS.

Amendments to these articles shall be proposed and adopted in the manner prescribed for amendments to the Constitution.

### A PLEA FOR WOMEN.

(TRACT II.)

"I will greatly multiply thy sorrow and thy conception."  
GEN. iii, 15.

It is an outrageous fallacy to assert that the reproductive organs of our grandmothers were any more enduring than are those of women of our generation. The fashions of all preceding generations were as exacting as those of to-day. Indeed those of the last generation must have been productive of as great injury to the pelvic organs as any which have followed; but in those ancient days gynecology as a specialty had no existence.

The innumerable deviations of the uterus from the normal standard had not been discovered. Every congestion was not an intense metritis. Each cervical abrasion had not assumed the proportions of an ulceration. The ovarian influence upon the pelvic economy was misunderstood. Spaying as a fine-art had not been discovered; yet in the face of so great ignorance we have indubitable proof that women of the olden time were prolific mothers.

Neither can it be urged that sexual diseases now abound from the fact that the vice of the present generation exceeds that of the past. The *morale* of society which sanctioned the creation of a Juliet and applauded the offspring of Boccaccio's mind has no counterpart in the present. That sensuous instinct and perverted sentiment

still remain is undeniable, but society no longer countenances its public demonstration.

It is therefore difficult to account for the necessity which at this day exists for every medical man being a gynecologist, and for every gynecologist having a fair proportion of cases; unless, indeed, it may be that *the majority* are engaged in the manufacture of interesting cases, which must ultimately go into the hands of *the few* for either relief or cure.

It is no doubt a matter of considerable interest to the physiologist to determine the mechanism of the penetration of spermatozooids into the uterus; but it is surely disgraceful to experiment upon "young and very erethistic females," or upon those of more mature life who, by reason of their "passionate nature, are liable to have the sexual orgasm produced by a very slight contact of the finger;" and we utterly fail to appreciate the sapient remark of one recorder, that such cases are "not to be lost on any consideration." We would brand such experiments as disgraceful, as unworthy of the recorder and of the pages of the journal and text-books upon which they are perpetuated; even though the interesting discovery was made that the cervix uteri has an action which resembles that of the mouth of the "snapping turtle," while that of the uterus is best described as a "double-backaction."

The mischievousness of such records is simply that inexperienced men may be stimulated to attempt to determine the exact relations of the "quality" and "quantity" of the rigors thus induced; which is nothing more or less than a prostitution of science.

What shadow of excuse has any medical man for intruding himself into the sexual life of women?

The patient being a married woman, he should acquire such information (should it be necessary that he should have it) from the lips of her husband. The medical man should know absolutely nothing from his patient as to her sexual capacity; and when

one does so demean himself as to institute direct inquiries, he abandons all claim to the protection of his profession. The patient being a single woman, the moral obligation resting upon her medical adviser of maintaining intact her native purity is a thousand-fold greater. Is it not possible that medical men have done much toward breaking down the native reserve of women upon such topics, and of habituating them to the receiving and the imparting of professional confidences such as were utterly unknown to women of former generations?

It has been urged against certain sects of religious persons that their clergymen seek through the confessional to influence the marital relations. If such charges be true, the act at least is surrounded by inviolate secrecy, and the situation is such as utterly to isolate the recipient from the administrator of such ghostly admonitions. If this be objectionable in a religieuse, is it not far more so in a layman? Does science confer upon medical men a license to converse openly and flippantly upon such mysteries?

Upon the pages of a standard work on uterine surgery will be found records, astounding from their very audacity, of medical men becoming the constant attendants of the sexual act; of medical men invading the chamber, and, within four or five minutes after the physiological act is accomplished, subjecting the unfortunate creature to a gynecological insult.

What could repay woman for receiving so fatal a shock to her womanhood? How acute must have been the mental suffering of the patient before, during, and after the performance of the act, which the author actually seems to have regarded as a most meritorious one!

In the same work is an elaborate detail of the method employed to insure conception by "artificial fructification, for the advantage of others who may feel disposed to try further experiments in that direction," the author having abandoned the practice altogether.

How fully has the curse upon women been fulfilled! "I will greatly multiply thy sorrow and thy conception" fell from the Divine lips; and man has been insatiate in his efforts to make the curse full and complete.

Is it not time, however, that this human agency in the infliction of this curse should be abated, and that the masters in gynecology should arise in their might and prevent in the future the perpetration of such heinous crimes against long-suffering womanhood?

\* \*

## Original.

### CEREBRAL EMBOLISM.

BY WM. T. CHANDLER, M. D.

The subject of cerebral embolism has of late years become of special interest to the medical scientist. An intelligent investigation of this subject has thrown much light upon a great many obscure phenomena connected with the semiology of cerebral troubles. We hope that this interest will be sufficient apology for the case we propose to delineate, as well as the comments that follow its recitation.

H. R., a young man aged twenty-four, was attacked some months since with a subacute pleuritis. The effusion persisted for some four weeks, but finally yielded to vesication, with tonics, iodide of potassium, and hydrochlorate of ammonia.

From this time our patient seemed to be doing very well, until suddenly one evening, while sitting by the fire conversing with his friends, he was attacked by a violent pain referable to the left supraorbital nerve, which he supposed at first might be a neuralgia. Soon after this, however, on attempting to speak he found himself unable to command his word.

Three days later I saw the patient for the first time since the attack of pleurisy. I found him in bed complaining of a severe pain in his head, which fact he indicated by signs, also by the expression of his counte-

nance, as he was unable to relate any thing intelligently. He also indicated by signs that there was some abnormal sensation about his mouth and throat. Both, however, seemed in a normal condition when examined. He opened his mouth and protruded his tongue in a straight line when requested to do so. He had free use of himself as regards motion, but careful examination revealed the fact that sensation, though not abolished, was much less acute upon the right than upon the left side. This was noticeable in the upper and lower extremities as well as in the face.

On giving him a slate to write on I found that he had forgotten a part of his own name, as well as a part of the name of his father, but he recognized them both when I spoke them in full. This recognition he manifested by bowing his head, but he shook his head when I miscalled a part of his own name. He was unable to write a complete sentence, and would frequently leave off the last syllable in his words. He seemed to know what he wanted to say, but was unable to express his thoughts. He would sometimes say one thing and mean another, but he was conscious of his mistake, and would try to correct it. His pulse was about 70; temperature normal; tongue slightly coated; appetite moderately good; thirst not excessive.

I found on examining his heart an aortic direct and mitral regurgitant murmur. The first was probably anæmic, as I could trace it up the carotids, and as there was also a venous anæmic hum in the jugulars. There was no indication of hypertrophy, either as regards the area of præcardial dullness or in a change of the apex beat, or yet in the strength of the cardiac systole. There was no history of acute rheumatism or syphilis in the case.

For the first three or four days there was little change in the symptoms, except as regards his pulse and hearing. The pulse-beat ranged now from thirty to forty per minute, while the expression of the face was dull and stupid. Later still a low delirium set

in; the stupor finally deepened into coma; and in this condition, sixteen days after the first attack, he died.

No post mortem could be obtained, yet I doubt not the correctness of the diagnosis. The age of the patient, with the absence of any syphilitic history; the presence of cardiac trouble on the left side of that viscus; the suddenness of the attack, there being no indication of cerebral trouble prior to it; paralysis of sensation slight, and upon the right side; consciousness not abolished at the time of the attack; all these symptoms, when taken together, combined with the aphasia, are almost pathognomonic of embolism, and serve to differentiate that trouble from cerebral hemorrhage. I think, as the result of this embolus and the anæmia of that portion of the brain supplied by the affected vessel, non-inflammatory softening supervened, with coma and death.

The chance of cerebral hemorrhage in a subject so young as this one, without any syphilitic degeneration of the cerebral vessels, is quite small; and although it does occur not infrequently, the chances for embolism at this age vastly preponderate. The presence of valvular disease of the heart is a point of strong diagnostic value; there being in the majority of cases of embolism a direct connection, as cause and effect, between the cardiac and cerebral trouble. Fibrinous excrescences or vegetations which form upon the walls of the heart, the cordæ tendinæ or even the valves themselves having become detached, are washed on with the current of blood into the arterial system, and thus perchance may find their way into the vessels of the brain.

In the suddenness of the attack cerebral embolism resembles cerebral hemorrhage, but differs from it in the less certain obliteration of consciousness. As a rule, to which there are exceptions, the patient falls in cerebral hemorrhage, and becomes immediately unconscious. In embolism this sudden unconsciousness is only among the occasional occurrences.

In like manner paralysis is a more certain

sequel of hemorrhage than of embolism; at the same time it is usually more complete and sudden in its accession.

As regards aphasia, the most interesting symptom in this case, as well as the most interesting in connection with the subject of embolism, it is well known that the phrenologist Gall located the faculty of speech in the anterior lobes of the brain; and an enlargement of those lobes resting on the supraorbital plates were supposed to give prominence to the eye and fullness to the lids, as external manifestations of superior development in the special organ of speech.

M. Broca subsequently located the organ of speech in the third convolution of the anterior lobe of the left brain; and all observers who have given the subject proper consideration have noticed the frequency of aphasia with various pathological conditions of this lobe.

Hughlings Jackson and W. A. Hammond, however, with the majority of the leading neurologists of the present day, are of the opinion that, while the faculty of speech is confined to the anterior lobes of the brain, neither hemisphere has exclusive control of that function; though Jackson thinks that a man may become accustomed to use one brain, and thus acquire the faculty of thought and expression of thought in language upon one side, just as a man may by force of habit use either the left or right arm exclusively in all affairs requiring manual dexterity.

There is, however, a close connection between the organ of speech and that portion of the brain mass that receives its supply by the middle cerebral arteries; at the same time the left common carotid arising from the arch of the aorta almost in a line direct with the current of blood would the more easily facilitate the passage of an embolus than the opposite carotid arising from the arteria innominata, which originates from the aorta in a direction less direct with the current of blood. Hence it is easy to see that, although the faculty of speech might reside in either brain, or both have an equal influence over that faculty, still, on account

of the greater frequency of embolism of the left middle cerebral artery, we would of necessity more frequently find lesions of this kind accompanying aphasia.

Well authenticated cases are on record where aphasia has been found as the result of embolism of the right middle cerebral artery. One such case completely invalidates the doctrine of Broca as regards the localization of the faculty of speech in the left brain exclusively.

The connection between the sudden accession of aphasia and embolism is very close, and especially is this of diagnostic purport when accompanied by partial or complete right hemiplegia or hemianæsthesia.

The prognosis of cerebral embolism is possibly graver than that of cerebral hemorrhage. The anastomosis between the cerebral vessels being insufficient to maintain a healthy nutrition of the brain, softening of that portion of the brain supplied by the occluded vessel is generally the sequel, although a number of cases are reported in which patients apparently the subjects of cerebral embolism have recovered.

As to treatment, iodide of potassium with chloral and opium were exhibited as indicated, the back of the neck and temples were blistered, and the patient had an occasional cathartic.

It is not my purpose to offer any comment as to the therapeutic indications. The pathological changes involved in cerebral embolism are of a distractive character; and being in an organ the healthy tissue metamorphosis of which is so necessary to maintain the vital functions, these very changes are incompatible with the continuance of life; hence in these cases clinical investigation as to the comparative efficacy of individual remedies is not attainable. The physician should always, however, have an eye to euthanasia in maladies that are necessarily fatal.

CAMPBELLSVILLE, KY.

JULY, with rest for the professor, especially the two-term professor, approaches.

## EXCISION OF A DEEP-SEATED TUMOR OF THE NECK.

TAKEN FROM THE NOTES OF M. KEMPF, M. D.,  
BY J. E. KEMPF.

In the spring of 1873 I was consulted by a young man, aged twenty-two years, concerning a growth in his neck about as large as a man's fist. The growth made its appearance about two or three years previous to the youth's consulting me. When the tumor had attained the size of an orange Mr. Stricker consulted a physician, who diagnosed it as an encysted tumor. Tincture of iodine externally; after this tapping and injection of the tincture were resorted to for its removal, without success. After this I was consulted. After a careful examination of the swelling I was convinced that the growth was a deep-seated tumor of the neck. Tapping and the injection of iodine having failed to remove the tumor, I recommended extirpation, explaining to the patient at the same time the danger connected with such an operation.

Mr. Stricker having consented to be operated upon, I, with the assistance of Drs. Bindewald and Knapp, performed the operation thus: The patient being put under the influence of chloroform, an incision was made, commencing at the mastoid process, extending along the internal border of the sterno-cleido mastoid muscle the full length of the tumor; another incision, commencing near the thyroid cartilage, bisected the first so as to form four rectangular flaps. These flaps, consisting of integument, the sterno-mastoid, etc., were dissected up, and the tumor was exposed. I then carefully dissected it up from its deep connections, using my finger, handle of the scalpel, and occasionally the edge of the knife. Fortunately the cystic membrane of the swelling was of great strength, and I could use a good deal of force in twisting and dragging the tumor from its deep connections. It was connected with the common sheath of the carotid artery and internal jugular vein. Above, the tumor extended to and somewhat beneath the

ramus of the lower jaw; anteriorly, almost to the pomum Adami and the trachea. After the removal of the tumor the anatomy of the neck was beautifully displayed; the common carotid and jugular veins, the lingual artery and sublingual nerves, etc., were exposed. Three arterial branches were ligated. When the raw surface had become well glazed, and all danger of hemorrhage had been guarded against, the flaps of the wound were brought in apposition by sutures; a compress and bandage completed the dressing. The greater part of the wound healed by the first intention.

It is now four years since I operated on Mr. S., and as far as I know the operation proved perfectly successful.

FERDINAND, IND.

## Correspondence.

### MINERAL WATER SUPPLANTING ALCOHOLIC DRINKS.

A spring, with water of the peculiar characteristic odor of sulphuretted hydrogen gas, has lately been discovered on the farm of Mr. Josiah Myer, of Saugerties, New York, the peculiarity of which is the new use to which it has been made. All who choose have the free use of it, and several inebriates in the vicinity positively affirm that it is their grand panacea. They have discovered something which, as they express it, "is next to a never exhausting fountain of whisky;" for when the water is moderately used it is a decided preventive of their almost insatiable desire for alcoholic drinks. As there is no enthusiastic hotel proprietor to surround it with an atmosphere of quackery, and as it has after a year's trial been found to supplant the habitual use of intoxicating and demoralizing agents, it certainly is a great boon to the community. Sulphur in the form of sulphuretted hydrogen gas, with which the water is largely impregnated, is the most important ingredient; and the nervous stimulation is doubtless partly imaginary and partly owing to the sulphuretted

hydrogen gas and the alterative influence of the water upon the organism.

F. D. CLUM, M. D.

SAUGERTIES, N. Y.

## Miscellany.

### GRADUATION IN A GERMAN UNIVERSITY.

—The *promotion* of a candidate for medical honors at a German university is distinguished by none of the characteristics of the American university or college commencement. There is no given day of a special week on which the medical student is graduated. An auditorium filled with admiring friends who applaud with the dangerous help of fans and flowers, marshals and music, prizes and valedictories, are unknown elements in a German university. The only public evidence of his graduation is the notice, in large Latin print, signed by the dean, whose name and that of the candidate are the only portion of the document in ink. This notice is nailed on a black wooden bulletin-box, which is spanned by a wire net-work and locked, and which hangs for a specified time in a specified place in the large vestibule of the university. Here it is open to the inspection of thousands of students from all quarters of the globe, of whom perhaps one twentieth of the matriculated medical students know the candidate by name. In other words, out of about two hundred and fifty medical students at the university, perhaps ten know or care about the doctorate of a comrade; such is a fair estimate of the actual publicity of a graduation. This applies as well to the departments of theology, law, and philosophy as to that of medicine. Ceremony is the distinguishing characteristic of the affair. Perhaps I can not do better than to describe one of these scenes, in which I was invited to assist. Entering the main portal of the university you pass across the vestibule, where the shuffling and scratching of boots on the marble pavement announce the end of an hour. An orderly

confusion, the interchange of salutations, a hurrying to and fro of hundreds of students suggests the occasion. At the left side of the vestibule is a room about twenty feet square, furnished with sixty sitting places on all sides, like an American school-room. At one end opposite the entrance door is a high pulpit, and before it a smaller one, three feet lower. Three simple chairs stand unoccupied, perhaps six feet before the lower desk. On this occasion not over ten students, some law, some theological, few I knew to be medical, comprised the audience. At precisely half past eleven o'clock the dean of the medical faculty of 1876, Baron v. Langenbeck (so he signs his name to a matriculation certificate), enters the main door, dressed in a long magenta-velvet cloak, and cap of the same, and lavender gloves. Three young men, a Scotchman from the University of Aberdeen, a Frenchman from the University of Paris, and myself, opponents of three theses attached to the dissertation of the candidate, take the three chairs, while the candidate, who is to receive his diploma *in propria personâ*, enters the lower pulpit. He is an American gentleman of forty-five, a graduate of twenty years ago from Jefferson College, Philadelphia, who passed as number one into the surgical corps of the United States Navy, and is a member of the Royal College of Surgeons, London. With the three opponents before him he is in full evening dress. The five parties to the ceremony hold in their hands his "inaugural dissertation," which in this instance was in English, the five copies being elegantly bound; the dean and opponents retain the copies used by them as gifts from the candidate. Usually several hundred copies are printed in pamphlet, which are at the disposition of the candidate. The expense is borne by himself, and is between one hundred and fifty and two hundred and twenty-five thalers, according to the amount of lithographic work; a thaler is seventy-five cents in American gold. The laws of the university or of the government—for it is one and the same thing—provide one printer for this

kind of work, making it impossible for the candidate to make his own selection. In addition to this dissertation, which up to about fifteen years ago was required to be in Latin, but is now usually in German, there is a short biographical sketch, with a notice of positions of trust, if there have been such, in Latin; also three topics or theses, two in medicine and one in surgery, or *vice versa*, in Latin also, which are to be combatted by the three opponents and to be defended by the candidate. This is the style of inaugural dissertation in each of the four departments of philosophy, law, theology, and medicine. The ceremony—for it is simply such—was begun by the dean, who alluded to some point in the dissertation, and commented upon it; the dissertation was not read in full. The dean was answered by the candidate, both speaking in German. It now became the part of the opponents to answer or argue against the three *de facto* propositions, or theses, for each of which one was selected; the Scotchman opposed the first Latin thesis in English, the Frenchman the second in very bad German, while I opposed the only surgical one in English. The candidate responded to the opposition in the language in which it was given, the opponents, *of course*, expressing themselves satisfied with the proposition under such explanations. The venerable dean then ascended the higher pulpit, proclaimed in Latin the doctorate of the candidate, and gave him the oath and grip of the medical faculty of the university.

The English and Latin of the ceremony were presumably good. The expense of the printing and the dress were simply to conform to the demands of form. If I may use the language of German criticism in analogous cases—not a judicious and perhaps a discourteous method of argument—the expense is a swindle and the ceremony is a farce; it was the most complete farce I ever witnessed, simply because so dignified and shallow. If America errs in showy commencements, with *éclat* and spread-eagleism, the Germans go as far to the other ex-

treme in the stupidity of mode and in the submission to form. It would never do for a dashing Prussian hussar, for instance, to promenade in the fashionable Unter den Linden without slapping his scabbard on the asphalt at every step; the café courts his custom; it dignifies the establishment if his firmly set spurs send a metallic echo through the rooms, or his loosely hung sword tells by its jingle the number of buckles and springs of its trappings, and the head-waiter knows that all this promises an extra gro-schen in the hand.

It must be remembered that the candidate has long before sent in his name to the university quæstor, asking an examination when the faculty has a sufficient number of applicants, not less than three nor more than six; he receives an order from the same officer to appear at a certain hour at the house of the dean, where he spends, with four professors, several hours in oral and written examination. The candidates are policed by the private servant of the dean, a man in livery, while all precaution has been taken to remove every source of medical information. As Germans religiously believe in eating and drinking with their work, a fine collation usually occupies the long center-table of the room, with Bordeaux and Rhine wines, which the gentlemen appropriate at option. I have heard of some vile fellows who bribed the servant to bring up extra flasks of wine from the dean's cellar, an unusual exhibition of medical larceny. The same candidates are summoned several times before different groups of four professors, until the whole list of examiners is exhausted. Sometimes a candidate is allowed two trials. The examinations occupy several weeks, not unfrequently six months, and are by law in German, and hence exceedingly difficult for a foreigner. To such, however, a proper allowance is made. While the technical questions and answers must be in German, the professors are willing to explain in French or Latin, if the candidates prefer. Few of them are on speaking terms with English. I am told that Virchow, in pathol-

ogy, is one of the severest examiners in this university, and that from sixty to eighty per cent of candidates fall through his hands."—*Letter to Boston Med. and Surg. Jour.*

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ONE THOUSAND DOLLARS REWARD.—The following advertisement appears in a northern medical journal:

"I, Maria Dunlap, wife of Robert Dunlap, at Lockport, N. Y., will pay *one thousand dollars reward* to any person who will bring said Robert Dunlap alive to his home, at Lockport; *three hundred dollars reward* to any person who will give to me information of his whereabouts that may lead to his recovery and return, or who shall discover and return his body, if dead.

MARIA DUNLAP.

"Dated Lockport, N. Y., Dec. 1, 1876.

"The following is a description of his person: Hon. Robert Dunlap, Lockport, N. Y., aged sixty years; six feet or over; about two hundred pounds; black hair mixed with gray; full beard, except a moustache, cut short; florid, weather-bronzed complexion; also having two small warts on left eyebrow. He wore a black slouch felt hat, faded blue overcoat, dark or black pants, dark or mixed cloth undercoat, and blue vest, all of well-worn business clothing. He left his home, November 15, 1876, at eight o'clock A. M., without warning to his family or friends, which leads to the belief that he was partially insane or acting under the delusion that the condition of certain business and pecuniary matters in which he was officially interested was such that concealment or flight was necessary to his safety. There was no cause whatever for such belief."

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WILL OF THE LATE SIR WM. FERGUSSON.—The will of this eminent surgeon, who died on the 10th of February last, was proved on the 28th ult. by George Alfred Gadsden and John Ord Mackenzie, the executors, the personal estates in the United Kingdom being sworn under £30,000. The testator leaves to his children's nurse, Isabella Cairns, an annuity of £20 for life; to his butler, Wm. Hutt, £80; upon trust for each of his three daughters, £7,000, and they are to receive while unmarried the rents of his mansion-house, Bromlee Lodge, Scotland; to his son Charles H. Fergusson, £7,000; and the remainder of his property to his son, James R. Fergusson.—*Brit. Med. Jour.*

DEATHS OF DOCTORS FROM DIPHTHERIA IN PARIS.—M. Carrère has just died of diphtheria, at the early age of thirty-one. He makes the fifth doctor who has died in Paris within a short time from the same disease; namely, MM. Reginauld, Dubois, Mécanden, Cintrat, and Carrère. How many others may there be who die obscure and unknown?—*Gazette des Hôpitaux*.

DR. B. HOWARD RAND has resigned the chair of chemistry in Jefferson Medical College, and Dr. R. E. Rogers, heretofore professor of chemistry and dean of the faculty in the University of Pennsylvania, has been appointed to fill the vacancy. Dr. Francis G. Smith has resigned the professorship of institutes of medicine in the latter institution.

### Selections.

**Treatment of the Gingivitis of Puerperal Women.**—Drs. A. and D. Pinard (*Bulletin Général de Thérapeutique*, 1877, p. 157) call attention to this complication of pregnancy, which they assert to be of more frequent occurrence than is generally admitted. The appearances presented in mild cases are as follows: The gums in the neighborhood of the two maxillæ are redder and more congested than in the normal condition; they are tumefied, the interdental free border is exaggerated as to its normal festooned appearance, and covers, in part, each tooth. This condition is more marked about the convex portion of the maxillæ than in the neighborhood of the molars. The least pressure on the tumefied portions provokes hemorrhage. At a stage one degree further advanced the teeth lose their solidity, can be moved laterally, and sometimes seem to yield to perpendicular pressure; sometimes they are pushed out of their sockets. Mastication under these conditions is, of course, more or less painful, and loss of blood occurs to a greater or less degree. Pain is rarely severe.

The remote cause of this affection is, of course, pregnancy; what the proximate cause may be, however, has not yet been demonstrated with certainty. It usually appears toward the fourth month of pregnancy, sometimes, but rarely, sooner, going away again a month or two subsequent to delivery, especially in women who do not suckle their infants. As to treatment, the authors have used solution of iodine, of glycerole of tannin, and chlorate of potassium,

which, though producing good effects, are far from bringing about a rapid cure. Chromic acid is useful in certain cases, but must be employed with great circumspection. The following solution of chloral has given good results: *R.*, Chloral hydrat., tincture cochleariæ, āā q. s. *M.* Of course the teeth must be thoroughly cleansed of tartar, etc., before this application is made.—*Phila. Medical Times*.

**Treatment of Croup.**—Dr. James Rogers, in the *Detroit Med. Journal*, says: "When called to a case of true croup in the early stage I usually administer a purgative dose of calomel. After it has acted prepare the following prescription: Quinia sulph., sulphur flors, chlorate potassa, each twelve grains; mix well, and divide into twelve powders. Give one (to a child three or five years old) every two hours in slippery elm mucilage, or mucilage acacia, or tragacanth. If the dyspnœa becomes urgent, I use cloths wrung out of the coldest water I can get, applied constantly to the chest until the dyspnœa subsides. If the false membrane is extensive, I use argenti nitras, ten grains, aqua pura, one ounce, applied with a mop freely over the membrane once in six hours, if it is not extensive, once in ten hours I think sufficient. When the swelling in the throat is very great I vomit my patient with zinci sulph., two to three grains; repeat the dose every ten or fifteen minutes until vomiting takes place. I do not allow the child to be housed up and hovered over the fire, but give it plenty of fresh air. I believe nature teaches us this, for when we see the little fellows panting and gasping for breath, we should by all means allow them a full supply of that material (oxygen) so necessary to their existence. If denied, we see them turn black (as it is termed) in the face, which is proof to me that the blood is not being properly oxygenated. After the false membrane disappears and the cough is still crowing, I leave off the cautery and emetic, but keep up the quinia and potash powders, at longer intervals, for some days afterwards, giving also some of the iron preparations."

**Treatment of Bad Breath.**—A writer in the *Dental Cosmos* says:

"Bad breath—*i. e.* offensive breath—arises from a great variety of causes. A recipe to have any meaning of good in it must be based on a diagnosis which is to be carefully made, and which is to precede the prescription.

"The causes of offensive breath are to be examined under the two heads of local and systemic. As the first are concerned we may enumerate carious teeth, accumulation and degeneration of the common antral secretion, degenerated pus from tooth abscess discharging into the antrum, ulceration of mucous membrane of antrum, caries of the osseous walls of

the antrum, ulceration of the mucous membrane of the nares, caries and necrosis of the nasal boundaries, foreign bodies impacted about the nares. As regards the second of the causes, the constitutional, the most marked illustration is exhibited by the alkaline diathesis. The syphilitic and scrofulous cachexia are other examples. In dyspepsia, a condition so frequently allied with fermentation of the food, the breath is occasionally found so sour as to make offensive the atmosphere of the room in which the affected person is sitting. J. L. is to look for the cause of offense in the case to which he alludes, and this being discovered he will have won half the battle toward a cure.

"It is the case, however, that the use of antiseptics is found to be necessary while the rational treatment of a case is under way. We append certain formulæ which we employ most frequently in our own practice:

*"Formula 1. For local use:*

℞ Potassæ permang. .... gr. xx;  
Aquæ ..... ℥ viij. M.

*"Formula 2. For local use:*

℞ Zinci chl. .... gr. viij;  
Aquæ ..... ℥ viij. M.

*"Formula 3. For local use:*

℞ Tinct. arnicæ rad. .... ℥ j;  
Chloral hydrat. .... ℥ ss;  
Aquæ ..... ℥ viij. M.

"When offensiveness of breath is caused by an ill condition of the mucous secretions of the oral cavity, the following combination, used after the manner of an ordinary tooth-wash, will afford great relief:

℞ Tinct. opii camph. ....	} aa ℥ j;
Tinct pyrethri. ....	
Spts. vini. ....	
Tinct. gentianæ comp. ....	} ℥ ij;
Tinct. quillai. ....	
Potass. permang. ....	
Tinct. capsici comp. ....	} aa ℥ j.
Acid sulph. aromat. ....	

M., et adde tinct. gaultheriæ q. s. for flavor.

"While waiting for the correction of a systemic course there is no better preparation to use than the aqua chlorinei (Watson's); dose, ten to fifteen drops repeated *pro re nata*. This medicated water toned with some agreeable flavor makes a valuable prescription where a temporary disinfection is desired."

**Treatment of Fissure of the Nipple During Lactation.**—Geo. W. Butler, M.D., in Ohio Medical Recorder, says: "Nurses are frequently affected with fissures on and about the nipple. Nothing can be more painful than nursing under these circumstances, and presently it becomes necessary to discontinue it, at least upon one side. I have used the following method as a curative for the past twenty years, and

I have never known it to fail when the fissures were not due to a constitutional cause, whether syphilitic or other. The substance used is the tincture of benzoin, which is applied by means of a fine badger's-hair pencil to the cracked or ulcerated surface, so as to completely cover it with this liquid. Only the first application is painful, and this is characterized by a smarting proportioned to the depth of the ulcerations, and does not continue more than a quarter of an hour. The tincture of benzoin forms a kind of covering on the surface of the nipple which protects it, and the child takes the breast without any repugnance, even when the tincture is not dry. This covering, when it becomes hard, defends the ulcer from contact with the air and garments, and dispenses with lotions which are not well borne. By the above process lactation is not interrupted, for it ceases to be painful. Cicatrization takes place at the end of some days. The treatment is never prolonged beyond five to ten or twelve days."

**The Point of Election in Amputation.**—Dr. Wainwright, of Hartford, presented two interesting surgical cases under his charge. The one was that of a girl with both legs crushed by a locomotive, afterward amputated, and who now walked about on artificial limbs. She was under the worst sanitary influences, yet recovered quickly. The other was a peculiar case of gunshot wound of the arm, with extensive bleeding and inability to find the ball. A very interesting part of Dr. Wainwright's paper consisted of a letter from Mr. Douglass, the manufacturer of artificial limbs in Springfield. The doctor had written to Mr. Douglass to get his opinion of the proper point of operating, in order to have the best available stump for artificial limbs. The letter was rather long, and the gist of it was this: Eight inches below the knee, ten inches below the body, and, in stiff knees bent, one inch from the joint, are the preferable points.—*Proceedings of the Connecticut Medical Society, New York Medical Record.*

**Hydrotherapy in Syphilis.**—Dr. Hofmeister, of Pesth, says: 1. The employment of cold water in syphilis notably increases the general nutrition. 2. The increased energy of digestion facilitates the absorption of alimentary substances and medicines. 3. The preferable mode of administration of mercury is by inunction. 4. Cold water, by promoting absorption, necessitates a smaller quantity of mercury. 5. The augmented activity of the secretory organs prevents the accumulation of mercury in the system. 6. The duration of treatment is much shorter than under ordinary circumstances. 7. Segregation of the patients is not necessary, because the cold water represses their ardor. 8. Salivation does not occur, and it is not necessary to suspend the treatment.—*Ex.*

**Milk as a Diuretic.**—For a number of years milk has been considered one of the best diuretics, while being at the same time excellent nourishment, and never disagreeing with the patient; digitalis, squills, and the potash salts must be given upon special indications. Milk, however, acts only in anasarca, and Professor Lee states that the latter disappears rapidly under the influence of milk, while ascites will persist. This is because ascites is often dependent on an affection of the liver, or else (and this applies to essential peritoneal effusions) the serous membrane which secretes the liquid is more or less affected in its texture. This holds equally true as regards hydrothorax, because the fluid containing much fibrine is absorbed with difficulty, and, furthermore, the pleura is often diseased. Likewise as regards pleurisy, except, perhaps, when the effusion is very recent and not yet encysted. But in general dropsy milk taken in doses of one and a half to three litres during the day is one of the most efficient diuretics.—*Moniteur de Thér.; New York Med. Jour.*

**Hypodermic Injections in Hernia.**—Reporting upon three cases communicated to the Société de Chirurgie, in which strangulated inguinal hernia was easily reduced after the hypodermic injection of morphia, M. Le Dentu observes that in these cases the strangulation was recent; and although the injections certainly assisted their reduction, it is doubtful how far they would have succeeded had the strangulation been more decided and of longer duration. If the surgeon is called to the case immediately, the injection may be of use by dissipating the pain and spasm; but if some hours have elapsed, it will be always of less value than chloroform, which enables us to at once recognize whether the hernia is reducible or the operation necessary.—*Medical Times and Gazette.*

**Danger of Ice.**—A remarkable case of gangrene of the abdominal wall in consequence of the continued application of an ice-bladder is reported by Dr. K. Fisher, in the Schweiz. Corr.-Blatt, in which the gangrenous appearance was observed about twenty-four hours after the first application of the bladder for the arrest of a severe menorrhagia. It is very strange that so short a period as twenty-four hours sufficed to destroy so large a part of the skin. The only explanation of this accident seems to be that the excessive loss of blood brought on a condition of acute anæmia, in consequence of which the capillaries of the skin became so empty that the weight of the ice completely cut off the nutrition of the underlying parts. A line of demarkation had already formed when the bladder was removed. Numerous transplantations of skin were made, but three months elapsed before perfect recovery took place.—*Doctor.*

**Night Cries and Night Startings of Children.**—Caspari attributes them to frightful dreams. In children under a year old, and especially in delicate, anæmic children, they are associated with mild or severe convulsions. He uses as a specific bromide of potassium, and according to the age gives 0.5 grmm. to 1.5 grmm. (gr. 7½ to gr. 23½) a day. (Gr. xxv potas. brom., aq. ʒ jss; ʒ j four times a day.) According to Edlefsen's experience, bromide of potassium always causes quiet and peaceful sleep in young children, but does not act so well in older ones. It acts well in convulsions, teething, and meningitis. He gives a strong six-months-old child 0.5 grmm. (7½ grains) three or four times in the day, or once or twice in the evening. Younger and less robust ones he gives 0.25 grmm. as a dose. In older children he often increases the dose to 0.75 grmm. several times a day.—*Schmidt's Jahrbucher.*

**Nocturnal Cramp.**—A member writes: "I am very glad to find that J. E. C., M. D., has found some benefit from Howard's bicarbonate of soda. He has lain many nights studying cramp in his own person. It proceeds, he says, from excessive acidity, not only of the stomach, but of the whole bowel tract; and when it seems to have reached its height the extensor tendons have nearly dislocated the great toe. Then it is that relief is at once obtained by taking half a drachm to two drachms of the soda. Before he found this remedy useful many things had been tried. In less than thirty seconds the cramp disappears, leaving a soreness that soon passes away. It has been prescribed by him in numerous cases, and the result has been always satisfactory.—*Brit. Med. Jour.*

**To Relieve Morbid Thirst for Alcoholic Drink.**—S. B. Merkel, M. D., of Philadelphia, writes to the Journal of Materia Medica as follows:

"A tonic and stimulant which partially supplies the place of the accustomed liquor, and prevents the absolute moral and physical prostration that follows a sudden breaking off from the habitual use of stimulating drinks:

℞ Peppermint water..... ʒ xij;  
Sulphate of iron..... gr. v;  
Spirits of nutmeg..... ʒ ij;  
Valerianate of quinia..... gr. ijss.

S. Teaspoonful taken as often as the desire for strong drink returns. I have had frequent occasion to test its efficacy in many cases in my practice, and have found it uniformly successful."

**Simple Mode of Checking Epistaxis.**—The Tribune Médicale says that even after plugging the nares, injection of perchloride of iron, etc. have failed, an emetic, given to the extent of producing vomiting, will permanently check epistaxis.

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Owing to its disagreeable flavor and liability to disturb the stomach, physicians are commonly restricted to prescribing Cod Liver Oil for those cases in which it is almost the only resource. It is well known to be equally efficacious in various forms of disease depending upon mal-nutrition. It is believed that the combination of EXTRACT OF MALT with COD LIVER OIL supplies a general and long-felt want, by enabling physicians to extend the use of the oil to all cases in which it is indicated, combined with a substance that increases its efficacy, by making it easily digestible, and acceptable to the most delicate stomach.

Unlike any of the various bulky emulsions proposed with the object of masking the peculiar flavor of the oil, in this combination are found *but two substances*, and these of almost *equal value in the treatment of the same class of diseases.*

The properties possessed by EXTRACT OF MALT of transforming unassimilable food into that which may be easily assimilated, of furnishing phosphates to the system, of being itself exceedingly bland and nutritious, and of forming also *an unequalled emulsion of Cod Liver Oil*, sufficiently attest the appropriateness of the combination.

Each bottle contains sixteen fluid ounces. Price, \$1.00.

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Acid Hydrochloric,	- - - - -	2½ minims.

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The Thirty-second Session will begin on the first Monday in October, 1877, and continue five months.

The fees of the Professors for the Session are sixty dollars; Matriculation Fee five dollars, and Graduation Fee ten dollars.

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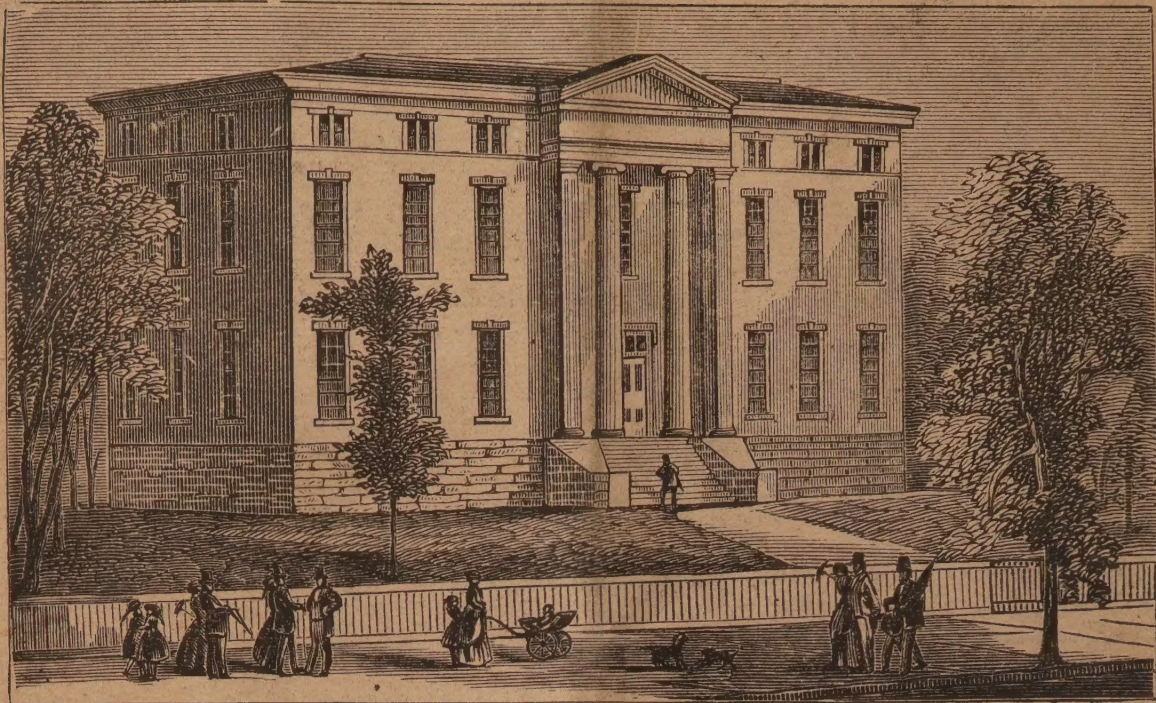
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**FEES.**—Professors' Tickets, in full, \$50.00; Matriculation Fee, \$5.00; Demonstrator's Ticket, \$10.00; Graduation, \$30.00; Hospital Ticket (required by City), \$5.00.

The Regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of the Faculty.

For the Annual Circular, containing full particulars, address

J. W. HOLLAND, M. D., Sec'y of Faculty,  
Corner Fifth and Walnut Streets.

## SPRING AND SUMMER SESSION OF 1877.

The Spring and Summer Session of 1877 in the Medical Department of the University of Louisville will commence on March 6th and continue till July 1st. The following Courses will be given by the *RÉGULAR FACULTY*, assisted by Drs. W. O. ROBERTS, H. A. COTTELL, WM. C. CHEATHAM, W. B. DOHERTY, W. H. LONG, R. B. GILBERT, and C. J. RADEMAKER.

On Venereal Diseases and Diseases of the Skin; Ophthalmic and Aural Diseases; Clinical Diseases of the Chest, and Physiology; Public Hygiene; Clinical Diseases of Women; Clinical Surgery; Materia Medica; Surgery; Practice of Medicine; Anatomy; Chemistry; Obstetrics; and Diseases of Children.

Didactic Lectures will be given on the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of clinical material is obtained.

Advanced students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

The Fee for the Full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session. For further information address

W. O. ROBERTS, M. D., Dean of University Summer School,  
263 West Walnut Street, LOUISVILLE.